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Examiner Name

| | | Attorne | y Docket Number | | |
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| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
| A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 02292 | | | | | |
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| ! am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature | | | | | |
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| NOTE: Signatures of all the inventors or assignees of regord of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| *Total of forms are submitted. | | | | | |